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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10557628 | <b>Applicant(s)/Patent Under Reexamination</b><br>TUYLS ET AL. |
|   | <b>Examiner</b><br>Jing Sims               | <b>Art Unit</b><br>2437  |

| ORIGINAL           |                                   |          |   |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|---|--|--|------------------------------|---|---|---|------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |   |  |  | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |  |  |  |
| 713                |                                   | 186      |   |  |  | G                            | 0 | 6 | F | 21 / 00 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| 726                | 2                                 | 3        | 4 |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 19    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 20    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 14    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 15    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 17  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| /Jing Sims/<br>Examiner.Art Unit 2437<br><br>(Assistant Examiner)                | 02/09/2011<br><br>(Date) | <b>Total Claims Allowed:</b><br><br>20 |                            |
| /Matthew B Smithers/<br>Primary Examiner.Art Unit 2437<br><br>(Primary Examiner) | 02/09/2011<br><br>(Date) | O.G. Print Claim(s)<br><br>19          | O.G. Print Figure<br><br>1 |